

*Lucie F. M...*

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State of New Jersey  
Department of Environmental Protection  
Solid Waste Administration  
P.O. Box 2807  
Trenton, New Jersey 08625

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SOLID WASTE ADMIN.  
N.J. DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

Industrial Waste Survey

Please Type or Print

Date 5/1/78

1. Name of Firm (or Establishment) TECH-ART PLASTICS Co.
2. Mailing address P.O. Box 1022 R
3. City or Town MORRISTOWN County MORRIS Zip Code 07960
4. Location (if not as above) \_\_\_\_\_  
*closed 4/26/78*
5. Telephone number: Area Code (201/609) (201) 538-5100
6. Name and Title of person completing form FRED N. ZOLLO - TREASURER
7. Name and Title of chief executive of firm SUMNER E. TINKHAM - PRESIDENT
8. Industry type: Manufacturing ☒ Storage/Break Bulk \_\_\_\_\_ Distribution \_\_\_\_\_ Other \_\_\_\_\_  
*misc Plastic Products* (Specify)
9. S.I.C. Number (5 Digit) 3079 10. Number of employees 65
11. Principal products manufactured, stored, processed or sold PLASTIC RESINS AND  
MOLDED PLASTIC PARTS
12. Does your operation produce industrial wastes\* having any of the following properties  
and/or constituents: Flammable-chemical, Corrosive, Explosive, Carcinogenic, Infectious, Radioactive,  
Heavy Metals, Halogenated Hydrocarbons, Generates Pressure,  
Irritant, Sensitizer, Toxic, Mutagenic, Teratogenic, Special Handling Requirements.  
Yes \_\_\_\_\_ No ☒

\*Any discarded materials resulting from industrial or commercial processes including all liquid, semi-liquid, or solid wastes and containers contaminated with process materials, but exclusive of non-process wastes, such as on-site cafeteria, office paper wastes, or NPDES discharges.

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### 13. Current Industrial Waste Characteristics and Management Practices

[illegible]

**Notes:**

1. Please refer to insert (Key list and completed sample of the table) for guidance.
2. Please use the keys for guidance in completing Item No. 13. Use one or more key numbers, as appropriate, when completing each section of the table.

14. On-Site Disposal Facility

(No on-site disposal) \_\_\_\_\_

Landfill or land disposal \_\_\_\_\_ Incinerator \_\_\_\_\_ Other X (Specify) GARBAGE CONTAINER

Associated waste numbers, from Item 13 1

Description of Facility MANUFACTURING - CUSTOM HOLDER OF  
PLASTIC RESINS

If on-site landfilling or land disposal has ever been used, indicate years of use (19\_\_ to 19\_\_).

15. Off-site Disposal Facility

(No off-site disposal) No

Landfill or land disposal \_\_\_\_\_ Incinerator \_\_\_\_\_ Ocean \_\_\_\_\_ Other \_\_\_\_\_ (Specify) \_\_\_\_\_

Associated waste number, from Item 13 \_\_\_\_\_

Description of facility \_\_\_\_\_

Location: City or Town \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Hauler \_\_\_\_\_

Address of Hauler \_\_\_\_\_

Alternatives for ocean disposal \_\_\_\_\_

If off-site disposal practices have been changed in the past 12 months, indicate names and addresses of previous hauler and disposal facility. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. New Industrial Wastes

Do you expect to produce new types of waste during the next calendar year (as a result of water pollution or air pollution controls, plant expansion, change of product, process modification, etc.). Yes\_\_\_ No X  
If yes, please indicate:

General process \_\_\_\_\_

Associated waste \_\_\_\_\_

Quantity \_\_\_\_\_ Units \_\_\_\_\_

Constituents of waste \_\_\_\_\_

Method of disposal \_\_\_\_\_